

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM

STD. 262 (REV 10/82)

CLAIMANT'S NAME Will Bush		SSAN OR EMPLOYEE NUMBER* On file	DEPARTMENT Department of General Services
POSITION Director	CB/D NUMBER Exempt	DIVISION OR BUREAU Executive Division	INDEX NUMBER
RESIDENCE ADDRESS On file		HEADQUARTERS ADDRESS 707 Third Street, 8th Floor	TELEPHONE NUMBER On file
CITY On file	STATE	ZIP CODE	CITY West Sacramento
			STATE CA
			ZIP CODE 95605

(1) MONTH/YEAR	(2) DATE	(3) TIME	(4) LOCATION WHERE EXPENSES WERE INCURRED	(5) LODGING	(6) BREAK-FAST	(7) LUNCH	(8) O.T., L.T., N/C, RELO. OR DINNER	(9) INCIDENTALS	(10) (A) COST OF TRANS.	(11) (B) TYPE USED SC / PC	(12) TRANSPORTATION		(13) BUSINESS EXPENSE	(14) TOTAL EXPENSES FOR DAY
											(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
Mar-09											MILES	AMOUNT		
	19-Mar	1130	Sacramento								6.00			6.00
	25-Mar	1000	Sacramento								7.50			7.50
SUBTOTALS											13.50		13.50	

CLAIM TOTAL	\$13.50
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

3/19/09 - Enterprise Leadership Council Meeting - Office of the Chief Information Officer (OCIO)

3/25/09 - Planning meeting w/ OCIO for statewide email

(12) NORMAL WORK HOURS 8:00am to 5:00pm
(13) PRIVATE VEHICLE LICENSE NUMBER on file
(14) MILEAGE RATE CLAIMED 55 cents
GEN. & ACCOUNTING OFFICE USE ONLY
PAID REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S REDACTED	DATE 4/3/09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT REDACTED	DATE 4/15/09
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES REDACTED	(See Item 17 on reverse)		